

Project Sustainability

In the Governor's Recommended Budget for FY2011, the Department proposed several significant efforts to the system of services available to persons with Developmental Disabilities:

- Development of "networks" of service providers, organized under a Lead Agency, with savings expected to result from minimization of redundant administrative functions, more seamless access to lower-cost services, and fewer administrative and/or bureaucratic hurdles, etc.;
- Administration of a nationally recognized, validated assessment tool, the Supports Intensity Scale (SIS), to the entire population of consumers served by the system. The SIS is fully endorsed and distributed via the American Association on Intellectual and Developmental Disabilities (AAIDD); and
- Development and implementation of a new rate and payment methodology, applied to all service providers (and replacing the several different methods of payment and rate development currently in use).

These changes were each intended to promote increased transparency and consistency across the system. The result of these changes will be a system that is more easily described and understood and a rational realignment of resources within the system, while maintaining the services and supports that consumers require, with application of consistent standards and payments across the system.

What does not change in this effort is the focal point of the system: consumers in control of the services and support that help them live their lives.

It was recognized from the start that this represents a significant degree of change for providers, and that the change process needed to be closely managed so that disruptions for consumers can be avoided or at least minimized.

The Department's Budget was based on the implementation of this initiative. The Budget was presented to the General Assembly, which concurred with the recommendation, appropriated funding that assumed the initiative would be implemented, and passed Article 21 to support the change to the Global Medicaid Waiver that will be needed, once the implementation is ready.

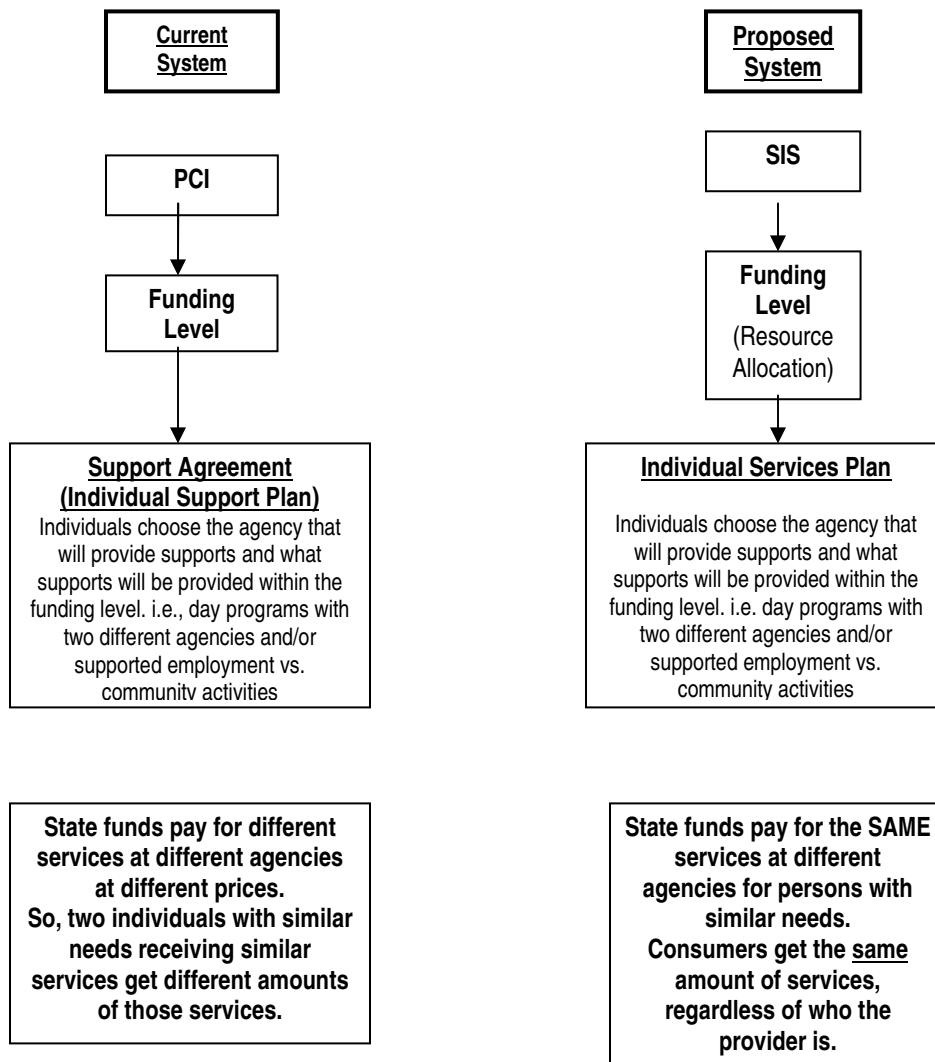
When the Department met with stakeholders, in early September, the Director articulated a vision for the next generation system for Rhode Island:

- A system that supports people living in the community in charge of their lives;
- A system that allows individuals to spend resources more flexibility than today;
- A system that aligns resources to individual needs – people get what they need, no more, no less;
- A system that pays equally for the same service as a matter of fairness for providers and for individuals, which makes dollars go farther and makes it easier for individuals to receive the services from who they want and from where they want;
- A system where information is transparent for all our stakeholders, service recipients, providers, the federal government, the legislature and our Governor; and
- A system that is sustainable.

Having set aside, at the urging of stakeholders, the concept of “networks” and “lead agencies” three objectives remained:

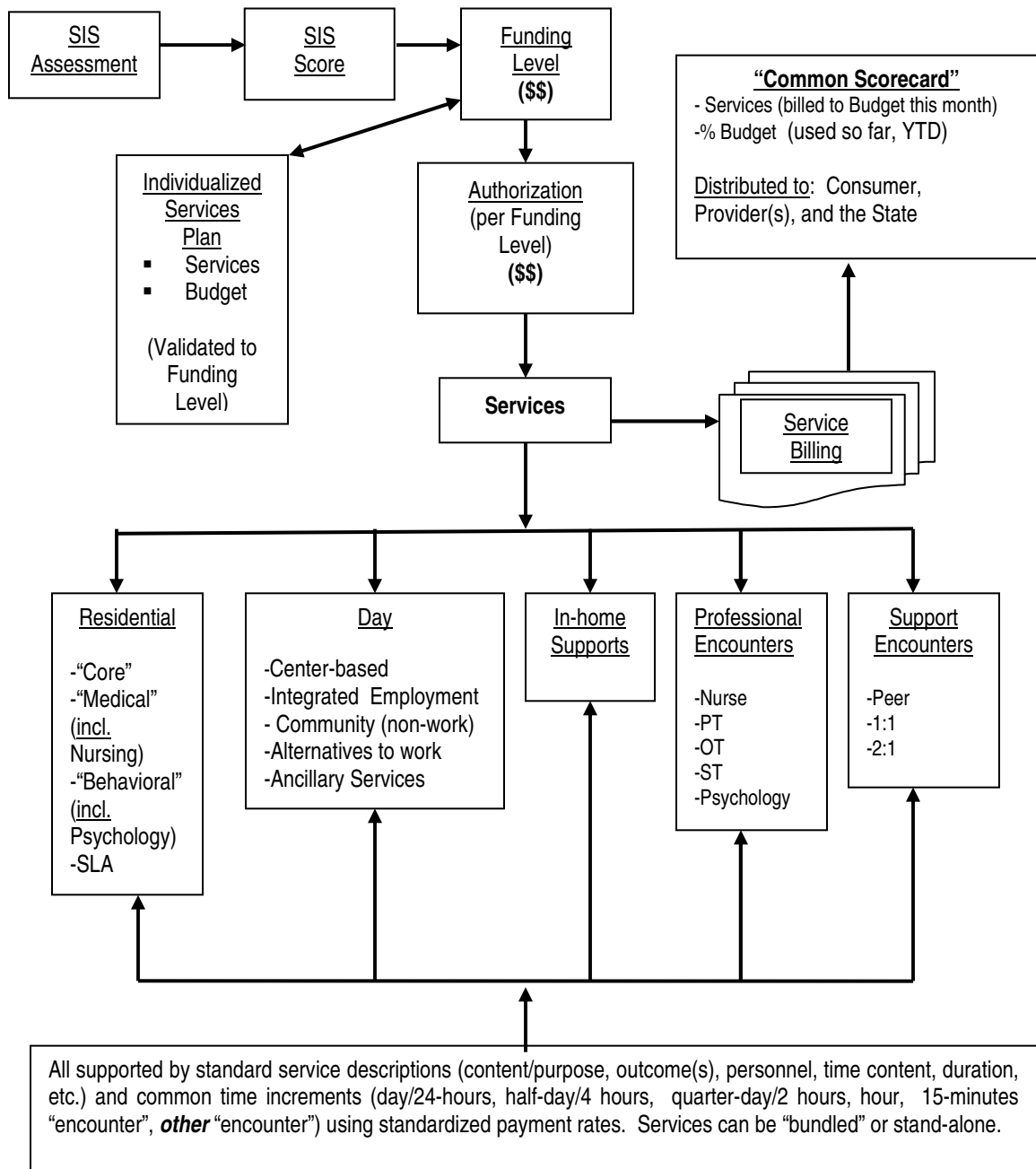
- A fair and common rate methodology articulates clearly what it is the State will pay for so that all of us will know the appropriation needed to support the system and advocate for it together;
- A fair assessment tool that provides the basis for consumer-directed care planning and aligns resources to individual needs; and
- The information system capacity within the Department and the State as a whole that streamlines data flow for providers, provides the tools for assessment, care planning and resource allocation, and allows the provision of information on what we spend, how we spend it, and the outcomes we achieve that is clear and transparent for all of our stakeholders.

What’s really changing?



So, the only real difference (to the consumer) should be that people with similar needs can receive the same services and the same quantity of services – if they choose – regardless of which provider (or providers) they choose.

For the provider, the change is broader, and the Department is sensitive to that, and wants to cause as little disruption to the good work being done in the system, while still accomplishing our three objectives.



As is the case today, services will be authorized on the basis of a funding level that results from an assessment. One or more provider, working with the consumer, will develop an Individualized Services Plan that ties to the authorized funding level and lists the services and supports the consumer has chosen for the upcoming year.

From that point forward the provider (or providers) can bill for whatever services and supports the consumer needs each month, in whatever mixture makes the most sense. Because we will have common service definitions and consistent payment rates, we will be able to use the billing system to produce a “Common Scorecard” for the consumer, the provider(s), and the State that will identify the services and supports provided against the ISP the previous month, as well as the percentage of the Annual Funding Level that had been used up to that point.

How complex does the system need to be? Using the full array of services currently in play, we can bundle or un-bundle at our discretion. “Residential” probably needs to be broken down to reflect the differences between a residential placement for someone with complex medical needs versus, say, a Shared Living Arrangement, and it is likely that if we have included all of the staff necessary to support that individual in that setting, and if the staffing is fairly consistent day to day, then it probably makes sense to continue to pay for that by the day. Other services can use other increments of time, on the basis of what makes sense for the service, as defined.

Do we need to use 15-minute increments at all? They probably make the most sense for incidental needs for professional services, but that decision needs to be made service by service – it is even possible that the same *general* service, nursing for example, could be billed using two different units of time.

What about RICLAS?

RICLAS is undergoing its own review. While CMS has different rules and expectations for public providers, at least two changes will be made that match what’s being done in Project Sustainability: all RICLAS consumers will be assessed using the SIS, and what is now RICLAS will be broken down into three or more service definitions that are individually rated for payment.